

DIRECT DEPOSIT EXEMPTION REQUEST FORM

SECTION I: Employee Information

Employee Name _____ Employee Number _____

Employee Title _____

SECTION II: Direct Deposit Exemption Request

In accordance with OPM Policy number (INSERT NUMBER) Any active employee who currently has direct deposit and experiences a hardship resulting in the loss of ability to continue Direct Deposit must fill in the Direct Deposit Exemption Request Form to request an exemption (site OPM link).

The Chief Fiscal Officer of the State has the authority to grant exemptions to the direct deposit requirement due to hardship or any other reasonable basis.

(Please print or type)

I hereby request an exemption from the requirements of mandatory participation in direct deposit for the following reason(s): _____

Applicant Signature _____ Date _____

SECTION III: This section to be completed by Agency HR Department

Agency Name _____ Agency Number _____

Reviewed By: _____ Date _____
(Name and Title of Agency HR staff reviewing request)

Agency HR Contact: Phone _____ Fax _____ E-mail _____

Date Submitted to the Chief Fiscal Officer of the State _____

SECTION IV: This section to be completed by Chief Fiscal Officer of the State

Date Received _____ Request Approved _____ Request Denied _____

Signature _____ Date _____
(Chief Fiscal Officer of the State)

Date Submitted to Agency _____

SECTION V: This section to be completed by Agency HR Department

Date Employee Notified of Decision _____ By Whom _____